2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000077493

1. Entity Name
DISCOUNT MOBILITY USA, INC.

Principal Place of Business	Mailing Address
16555 WHITE ORCHID LANE	16555 WHITE ORCHID LANE
DELRAY BEACH, FL 33446	DELRAY BEACH, FL 33446

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02102008   No Chg-P   CR2E034 (11/05)

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4. FEI Number		Applied For
03-0425623		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, IRA S
16555 WHITE ORCHID LANE
DELRAY BEACH, FL 33446

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDBERG, MICHAEL
STREET ADDRESS	16555 WHITE ORCHID LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DS
NAME	GOLDBERG, RENEE
STREET ADDRESS	16555 WHITE ORCHID LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _Michael Goldberg_ Michael Goldberg   3/10/08   407-438-80/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #